

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

APPLICANT(S)

09/457914

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/				
50		/				
TOTAL IND.	1					
TOTAL DEP.		38				
TOTAL	1	38				

	IND.		DEP.		IND.		DEP.	
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